

REPORT OF RECEIPTS AND DISBURSEMENTS FOR A COMMITTEE OR ORGANIZATION SUPPORTING A NOMINATING CONVENTION (Summary Page)

1. (a) Name of Committee (in full) 2008 DNCC, Inc.	2. FEC Identification Number C00435560
(b) Address (Number and Street) 430 South Capitol Street, SE	3. Type of Committee/Organization <input checked="" type="checkbox"/> Convention Committee <input type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ (specify)
(c) City, State, and ZIP Code Washington DC 20003	

4. TYPE OF REPORT (check appropriate box(es))

(a) ☐ POST-CONVENTION REPORT
☐ QUARTERLY REPORT (check one) ☐ April 15 ☒ July 15 ☐ October 15 ☐ January 31
☐ FINAL REPORT

(b) Is this an Amendment ? ☐ YES ☒ NO

SUMMARY OF RECEIPTS AND DISBURSEMENTS

5. Covering period	FROM: 04/01/2009	THROUGH: 06/30/2009
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SECTION A - CASH BALANCE SUMMARY	Column A This period	Column B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		792821.99
(b) Cash on Hand at Beginning of Reporting Period	373164.29	
(c) Total Receipts (From Line 20)	23608.39	43877.24
(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and 6(a) and 6(c) for Column B)	396772.68	836699.23
7. Total Disbursements (From Line 25)	165711.63	605638.18
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	231061.05	231061.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	0.00	
SECTION B - SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS		
11. Convention Expenditures (from line 21(c))	165711.63	605638.18
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))	23608.39	43877.24
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)	142103.24	561760.94
(b) Expenditures from Prior Years Subject to Limitation	0.00	16027938.01
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		16589698.95

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

Bradley K. Marshall

07/15/2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C., 437g.

For Further
Information
Contact:

Federal Election Commission
Toll Free 800/424-9530
Local 202/694-1100

FE1AN056

FEC FORM 4 (Revised 1/2001)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS
(PAGE 2 of FEC Form 4)

Name of committee (in full) 2008 DNCC, Inc.	Report Covering the Period FROM: 04/01/2009 TO: 06/30/2009	
RECEIPTS	Column A This period	Column B Calendar Year-to-Date
13. Federal Funds (Itemize all on Schedule A)	0.00	0.00
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))	0.00	0.00
15. Transfers from Affiliated Committees	0.00	0.00
16. Loans and Loan Repayments Received (Add Lines 16(a) and 14(b))		
(a) Loans Received	0.00	
(b) Loan Repayments Received	0.00	
(c) Subtotal of Loans and Loan Repayments Received (add Line 14a and 14b)	0.00	0.00
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)	23608.39	
(b) Unitemized	0.00	
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))	23608.39	43877.24
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits	0.00	
(b) Unitemized Other Refunds, Rebates, Returns of Deposits	0.00	
(c) Subtotal of Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))	0.00	0.00
19. Other Income		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Income (Add Lines 13, 14(c), 15, 16(c), 17(c), 18 (c) and 19(c))	0.00	0.00
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15(c), 16(c), 17(c), 18(c) and 19(c))	23608.39	43877.24
DISBURSEMENTS		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)	165711.63	
(b) Unitemized	0.00	
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))	165711.63	605638.18
22. Transfers to Affiliated Committees	0.00	0.00
23. Loans and Loan Repayments Made		
(a) Loans Made	0.00	
(b) Loan Repayments Made	0.00	
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))	0.00	0.00
24. Other Disbursements:		
(a) Itemized (Use Schedule B)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))	0.00	0.00
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))	165711.63	605638.18

SCHEDULE A (FEC Form 4) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 / 41

(check only one)

☐ 13 ☐ 14a ☐ 15 ☐ 16a
☐ 16b ☒ 17a ☐ 18a ☐ 19a

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NAME OF COMMITTEE (In Full)

2008 DNCC, Inc.

A.

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING, INC

Mailing Address P.O. BOX 9001006

City

LOUSVILLE

State

KY

Zip Code

40290-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA17A-3990

Amount of Each Receipt this Period

252.00

Payroll Taxes

B.

Full Name (Last, First, Middle Initial)

RUSH COMPUTER RENTALS

Mailing Address 6060 SEPULVEDA BLVD.

City

VAN NUYS

State

CA

Zip Code

91411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA17A-4010

Amount of Each Receipt this Period

23356.39

Equipment Rental

SUBTOTAL of Receipts This Page (optional)

23608.39

TOTAL This Period (last page this line number only)

23608.39

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3920
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 36.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3921
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 36.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3922
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 36.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)**109.35****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3923
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 36.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3924
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 61.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) DRINKER BIDDLE & REATH LLP	Transaction ID: SB21A-3925
	Mailing Address ONE LOGAN SQUARE 18TH AND CHERRY STREETS	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19103-6996	Amount of Each Disbursement this Period 110.00
	Purpose of Disbursement Office Expense Reimbursements	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
SUBTOTAL of Disbursements This Page (optional)		207.90
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A. Full Name (Last, First, Middle Initial)
DRINKER BIDDLE & REATH LLP

Mailing Address
ONE LOGAN SQUARE 18TH AND CHERRY STREETS

City State Zip Code
PHILADELPHIA PA 19103-6996

Purpose of Disbursement
Office Expense Reimbursements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21A-3926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

420.00

B. Full Name (Last, First, Middle Initial)
DRINKER BIDDLE & REATH LLP

Mailing Address
ONE LOGAN SQUARE 18TH AND CHERRY STREETS

City State Zip Code
PHILADELPHIA PA 19103-6996

Purpose of Disbursement
Office Expense Reimbursements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21A-3927

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3680.00

C. Full Name (Last, First, Middle Initial)
DENNIS O'BRIEN

Mailing Address
2736 Ordway Street, NW Apt 4

City State Zip Code
Washington DC 20008

Purpose of Disbursement
Office Expense Reimbursements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21A-3928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

137.45

SUBTOTAL of Disbursements This Page (optional)

4237.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD</p> <p>Mailing Address P. O. BOX 79749</p> <p>City State Zip Code BALTIMORE MD 21279</p> <p>Purpose of Disbursement Benefits Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3929</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1270.38</p>
<p>B. Full Name (Last, First, Middle Initial) GUARDIAN</p> <p>Mailing Address P. O. BOX 95101</p> <p>City State Zip Code CHICAGO IL 60694</p> <p>Purpose of Disbursement Benefits Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3930</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 153.55</p>
<p>C. Full Name (Last, First, Middle Initial) SANDLER, REIFF & YOUNG</p> <p>Mailing Address 300 M STREET, S.E. SUITE 1102</p> <p>City State Zip Code WASHINGTON DC 20003</p> <p>Purpose of Disbursement Legal Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3940</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

6423.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) LEAH D. DAUGHTRY</p> <p>Mailing Address 700 Seventh Street, SW #201</p> <p>City State Zip Code Washinton DC 20024</p> <p>Purpose of Disbursement Convention Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3954</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 19078.00</p>
<p>B. Full Name (Last, First, Middle Initial) THE INVERNESS HOTEL & CONFERENCE CENTER</p> <p>Mailing Address 200 INVERNESS DRIVE WEST</p> <p>City State Zip Code ENGLEWOOD CO 80112-5200</p> <p>Purpose of Disbursement Housing : Convention Week</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3965</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5337.58</p>
<p>C. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City State Zip Code Washington DC 20008</p> <p>Purpose of Disbursement Office Expense Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3966</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 52.60</p>

SUBTOTAL of Disbursements This Page (optional)

24468.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4040</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>1 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>846.15</div> </p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4041</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>1 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>207.79</div> </p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4042</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>1 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1550.49</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2604.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4043</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 684.77</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4044</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1053.95</p>
<p>C. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4029</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2754.81</p>

SUBTOTAL of Disbursements This Page (optional)

4493.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City Pflugerville State TX Zip Code 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4025</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1985.07</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUISVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3977</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 326.17</p>
<p>C. Full Name (Last, First, Middle Initial) SKY M GALLEGOS</p> <p>Mailing Address 408 S. WASHINGTON ST</p> <p>City DENVER State CO Zip Code 80209</p> <p>Purpose of Disbursement Convention Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3978</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1543.93</p>

SUBTOTAL of Disbursements This Page (optional)

3855.17

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SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3979</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -568.74</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3980</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 568.74</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3981</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 794.62</p>

SUBTOTAL of Disbursements This Page (optional)

794.62

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2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3982</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 646.90</p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City State Zip Code NEWARK NJ 07101-1270</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3983</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 405.20</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4045</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 411.94</p>

SUBTOTAL of Disbursements This Page (optional)

1464.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4046</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 96.33</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4047</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1098.86</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4048</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 297.18</p>

SUBTOTAL of Disbursements This Page (optional)

1492.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4049</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>3 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>508.28</div> </p>
<p>B. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City State Zip Code Washington DC 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4031</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>3 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2754.81</div> </p>
<p>C. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City State Zip Code Pflugerville TX 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4030</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>3 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1985.08</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5248.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21A-3991
	Mailing Address 1740 BROADWAY	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City DENVER	State CO
	Zip Code 80274	Amount of Each Disbursement this Period 24.99
	Purpose of Disbursement Bank Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21A-3984
	Mailing Address P.O. BOX 1270	Date of Disbursement MM / DD / YYYY 05 / 04 / 2009
	City NEWARK	State NJ
	Zip Code 07101-1270	Amount of Each Disbursement this Period 2894.83
	Purpose of Disbursement Convention Closeout	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD	Transaction ID: SB21A-3985
	Mailing Address P. O. BOX 79749	Date of Disbursement MM / DD / YYYY 05 / 05 / 2009
	City BALTIMORE	State MD
	Zip Code 21279	Amount of Each Disbursement this Period 1270.38
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
SUBTOTAL of Disbursements This Page (optional)		4190.20
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) GUARDIAN</p> <p>Mailing Address P. O. BOX 95101</p> <p>City State Zip Code CHICAGO IL 60694</p> <p>Purpose of Disbursement Benefits Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3986</p> <p>Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 122.84</p>
<p>B. Full Name (Last, First, Middle Initial) RUSH COMPUTER RENTALS</p> <p>Mailing Address 6060 SEPULVEDA BLVD.</p> <p>City State Zip Code VAN NUYS CA 91411</p> <p>Purpose of Disbursement Equipment Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3987</p> <p>Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 23356.39</p>
<p>C. Full Name (Last, First, Middle Initial) SANDLER, REIFF & YOUNG</p> <p>Mailing Address 300 M STREET, S.E. SUITE 1102</p> <p>City State Zip Code WASHINGTON DC 20003</p> <p>Purpose of Disbursement Legal Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3988</p> <p>Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

28479.23

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SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) LEAH D. DAUGHTRY</p> <p>Mailing Address 700 Seventh Street, SW #201</p> <p>City State Zip Code Washinton DC 20024</p> <p>Purpose of Disbursement Convention Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3989</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 19078.00</p>
<p>B. Full Name (Last, First, Middle Initial) BANK OF AMERICA,NA</p> <p>Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025</p> <p>City State Zip Code RICHMOND VA 23261-7025</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4071</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 90.44</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4050</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 411.94</p>

SUBTOTAL of Disbursements This Page (optional)

19580.38

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4051</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 96.35</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4052</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1098.86</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4053</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 297.18</p>

SUBTOTAL of Disbursements This Page (optional)

1492.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4054</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 05 / 15 / 2009 </p> <p>Amount of Each Disbursement this Period <div>508.28</div> </p>
<p>B. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City State Zip Code Washington DC 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4033</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 05 / 15 / 2009 </p> <p>Amount of Each Disbursement this Period <div>2754.81</div> </p>
<p>C. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City State Zip Code Pflugerville TX 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4032</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 05 / 15 / 2009 </p> <p>Amount of Each Disbursement this Period <div>1985.06</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5248.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) STAGE COMPANY PRODUCTIONS</p> <p>Mailing Address 701 8TH STREET NW STE 400</p> <p>City WASHINGTON State DC Zip Code 2005</p> <p>Purpose of Disbursement Housing : Convention Week</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3995</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -1735.54</p>
<p>B. Full Name (Last, First, Middle Initial) STAGE COMPANY PRODUCTIONS</p> <p>Mailing Address 701 8TH STREET NW STE 400</p> <p>City WASHINGTON State DC Zip Code 2005</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3996</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -2499.36</p>
<p>C. Full Name (Last, First, Middle Initial) STAGE COMPANY PRODUCTIONS</p> <p>Mailing Address 701 8TH STREET NW STE 400</p> <p>City WASHINGTON State DC Zip Code 2005</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-3997</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -412.48</p>

SUBTOTAL of Disbursements This Page (optional)

-4647.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City Pflugerville State TX Zip Code 78660</p> <p>Purpose of Disbursement Office Expense Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3992</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 97.65</p>
<p>B. Full Name (Last, First, Middle Initial) COLORADO STATE TREASURER</p> <p>Mailing Address P.O. BOX 8789</p> <p>City DENVER State CO Zip Code 80201</p> <p>Purpose of Disbursement Convention Closeout</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3993</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2498.50</p>
<p>C. Full Name (Last, First, Middle Initial) TEXAS STATE COMPTROLLER ATTORNEY OCCUPATION TAX/LEGAL</p> <p>Mailing Address P.O. BOX 12030</p> <p>City AUSTIN State TX Zip Code 78711-2030</p> <p>Purpose of Disbursement Convention Closeout</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-3994</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 265.00</p>

SUBTOTAL of Disbursements This Page (optional)

2861.15

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3998
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 05 / 19 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 36.45
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-3999
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 05 / 19 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 22.50
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) LINA CIGNA GROUP INSURANCE	Transaction ID: SB21A-4000
	Mailing Address P. O. BOX 8500 K110	Date of Disbursement MM / DD / YYYY 05 / 19 / 2009
	City PHILADELPHIA	State PA
	Zip Code 19178-0001	Amount of Each Disbursement this Period 22.50
	Purpose of Disbursement Benefits Cost	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
SUBTOTAL of Disbursements This Page (optional)		81.45
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <hr/> <p>Mailing Address 1740 BROADWAY</p> <p>City DENVER State CO Zip Code 80274</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4074</p> <p>Date of Disbursement <div> <div>05</div> <div>20</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.76</div> </p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <hr/> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4001</p> <p>Date of Disbursement <div> <div>05</div> <div>27</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>705.40</div> </p> <p>Category/Type</p> <p>See Attached Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SINGH TAXI SERVICE</p> <hr/> <p>Mailing Address 10640 JOHN AYRES DR</p> <p>City FAIRFAX State VA Zip Code 22032</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4001-10000</p> <p>Date of Disbursement <div> <div>05</div> <div>27</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>310.00</div> </p> <p>Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)

731.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <hr/> <p>Mailing Address Washinton National Airport</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4001-20000</p> <p>Date of Disbursement <div> <div>05</div> <div>27</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>360.40</div> </p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AGENT</p> <hr/> <p>Mailing Address 1100 17TH STREET NW SUITE 900</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4001-30000</p> <p>Date of Disbursement <div> <div>05</div> <div>27</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.00</div> </p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <hr/> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4035</p> <p>Date of Disbursement <div> <div>05</div> <div>29</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2754.80</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2754.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City Pflugerville State TX Zip Code 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4034</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1985.07</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUISVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4055</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 411.95</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUISVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4056</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 96.34</p>

SUBTOTAL of Disbursements This Page (optional)

2493.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4057</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1098.86</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4058</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 297.18</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4059</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 508.28</p>

SUBTOTAL of Disbursements This Page (optional)

1904.32

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SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) NATALIE POJMAN</p> <p>Mailing Address 1225 13TH STREET APT. 613</p> <p>City State Zip Code WASHINGTON DC 20005</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4002</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -488.24</p>
<p>B. Full Name (Last, First, Middle Initial) NATALIE POJMAN</p> <p>Mailing Address 1225 13TH STREET APT. 613</p> <p>City State Zip Code WASHINGTON DC 20005</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4003</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -1206.86</p>
<p>C. Full Name (Last, First, Middle Initial) NATALIE POJMAN</p> <p>Mailing Address 1225 13TH STREET APT. 613</p> <p>City State Zip Code WASHINGTON DC 20005</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4004</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 488.24</p>

SUBTOTAL of Disbursements This Page (optional)

-1206.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) NATALIE POJMAN</p> <p>Mailing Address 1225 13TH STREET APT. 613</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4005</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1206.86</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4006</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 23.64</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4007</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 442.64</p>

SUBTOTAL of Disbursements This Page (optional)

1673.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD</p> <p>Mailing Address P. O. BOX 79749</p> <p>City State Zip Code BALTIMORE MD 21279</p> <p>Purpose of Disbursement Benefits Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4008</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>09</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1270.38</div> </p>
<p>B. Full Name (Last, First, Middle Initial) GUARDIAN</p> <p>Mailing Address P. O. BOX 95101</p> <p>City State Zip Code CHICAGO IL 60694</p> <p>Purpose of Disbursement Benefits Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4009</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>09</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>122.84</div> </p>
<p>C. Full Name (Last, First, Middle Initial) JAYNE KRIER</p> <p>Mailing Address 3525 N 167TH CIRCLE #310</p> <p>City State Zip Code OMAHA NE 68116</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4011</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>11</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>-667.11</div> </p>

SUBTOTAL of Disbursements This Page (optional)

726.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) JAYNE KRIER</p> <p>Mailing Address 3525 N 167TH CIRCLE #310</p> <p>City OMAHA State NE Zip Code 68116</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4012</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 667.11</p>
<p>B. Full Name (Last, First, Middle Initial) LEAH D. DAUGHTRY</p> <p>Mailing Address 700 Seventh Street, SW #201</p> <p>City Washinton State DC Zip Code 20024</p> <p>Purpose of Disbursement Legal Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4013</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 19078.00</p>
<p>C. Full Name (Last, First, Middle Initial) BANK OF AMERICA,NA</p> <p>Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025</p> <p>City RICHMOND State VA Zip Code 23261-7025</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4072</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 50.20</p>

SUBTOTAL of Disbursements This Page (optional)

19795.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Transaction ID: SB21A-4060 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	9														
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">411.94</td></tr></table>		411.94																			
411.94																							
City State Zip Code LOUSVILLE KY 40290-1006																							
Purpose of Disbursement Tax Payment		Category/Type <table border="1"><tr><td></td></tr></table>																					
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Transaction ID: SB21A-4061 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	9														
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">96.33</td></tr></table>		96.33																			
96.33																							
City State Zip Code LOUSVILLE KY 40290-1006																							
Purpose of Disbursement Tax Payment		Category/Type <table border="1"><tr><td></td></tr></table>																					
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Transaction ID: SB21A-4062 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	9														
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1098.86</td></tr></table>		1098.86																			
1098.86																							
City State Zip Code LOUSVILLE KY 40290-1006																							
Purpose of Disbursement Tax Payment		Category/Type <table border="1"><tr><td></td></tr></table>																					
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

SUBTOTAL of Disbursements This Page (optional)**1607.13****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4063</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 297.18</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4064</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 508.29</p>
<p>C. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4037</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2754.82</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 3560.29</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City Pflugerville State TX Zip Code 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4036</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1985.06</p>
<p>B. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUISVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4014</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 480.92</p>
<p>C. Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4015</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -1647.16</p>

SUBTOTAL of Disbursements This Page (optional)

818.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <hr/> <p>Mailing Address 70 I STREET, SE</p> <hr/> <p>City WASHINGTON State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Salaries</p> <hr/> <p>Candidate Name</p> <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4016</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>06 / 17 / 2009</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">-1436.45</div>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <hr/> <p>Mailing Address 70 I STREET, SE</p> <hr/> <p>City WASHINGTON State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Salaries</p> <hr/> <p>Candidate Name</p> <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4017</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>06 / 17 / 2009</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">1647.16</div>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <hr/> <p>Mailing Address 70 I STREET, SE</p> <hr/> <p>City WASHINGTON State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Salaries</p> <hr/> <p>Candidate Name</p> <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4018</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>06 / 17 / 2009</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">1436.45</div>

SUBTOTAL of Disbursements This Page (optional) ►

1647.16

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

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(check only one)

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <hr/> <p>Mailing Address 1740 BROADWAY</p> <p>City DENVER State CO Zip Code 80274</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4073</p> <p>Date of Disbursement <div> <div>06</div> <div>22</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.97</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SANDLER, REIFF & YOUNG</p> <hr/> <p>Mailing Address 300 M STREET, S.E. SUITE 1102</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Legal Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4019</p> <p>Date of Disbursement <div> <div>06</div> <div>23</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <hr/> <p>Mailing Address P.O. BOX 9001006</p> <p>City LOUSVILLE State KY Zip Code 40290-1006</p> <p>Purpose of Disbursement Check Processing Charges Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4021</p> <p>Date of Disbursement <div> <div>06</div> <div>24</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>453.68</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5479.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City State Zip Code NEWARK NJ 07101-1270</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4020</p> <p>Date of Disbursement MM / DD / YY 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1815.45</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) AGENT</p> <p>Mailing Address 1100 17TH STREET NW SUITE 900</p> <p>City State Zip Code WASHINGTON DC 20006</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4020-10000</p> <p>Date of Disbursement MM / DD / YY 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) HOTEL PALOMAR</p> <p>Mailing Address 2121 P Street NW</p> <p>City State Zip Code WASHINGTON DC 20037</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21A-4020-20000</p> <p>Date of Disbursement MM / DD / YY 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1385.45</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)

1815.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committeeNAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.	Full Name (Last, First, Middle Initial) SINGH TAXI SERVICE	Transaction ID: SB21A-4020-30000 Date of Disbursement MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 10640 JOHN AYRES DR	Amount of Each Disbursement this Period 85.00
	City FAIRFAX	State VA
	Zip Code 22032	
	Purpose of Disbursement Travel - Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21A-4020-40000 Date of Disbursement MM / DD / YYYY 06 / 24 / 2009
	Mailing Address Washinton National Airport	Amount of Each Disbursement this Period 310.00
	City ALEXANDRIA	State VA
	Zip Code 22314	
	Purpose of Disbursement Travel - Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21A-4022 Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	Mailing Address P.O. BOX 1270	Amount of Each Disbursement this Period 2074.60
	City NEWARK	State NJ
	Zip Code 07101-1270	
	Purpose of Disbursement Travel - Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
Memo Entry**[MEMO ITEM]**
Memo Entry

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)**2074.60****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) SPEZIE RESTAURANT</p> <p>Mailing Address 1736 L St NW</p> <p>City State Zip Code WASHINGTON DC 20036</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4022-10000</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1679.60</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City State Zip Code Newark NJ 07101</p> <p>Purpose of Disbursement Membership Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4022-20000</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 395.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4065</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 411.93</p>

SUBTOTAL of Disbursements This Page (optional)

411.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

A.		Transaction ID: SB21A-4066
Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period 96.34
City LOUSVILLE	State KY Zip Code 40290-1006	
Purpose of Disbursement Tax Payment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
B.		Transaction ID: SB21A-4067
Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period 1098.86
City LOUSVILLE	State KY Zip Code 40290-1006	
Purpose of Disbursement Tax Payment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
C.		Transaction ID: SB21A-4068
Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
Mailing Address P.O. BOX 9001006		Amount of Each Disbursement this Period 297.18
City LOUSVILLE	State KY Zip Code 40290-1006	
Purpose of Disbursement Tax Payment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)

1492.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
2008 DNCC, Inc.

<p>A. Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING, INC</p> <p>Mailing Address P.O. BOX 9001006</p> <p>City State Zip Code LOUSVILLE KY 40290-1006</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4069</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>30</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>508.28</div> </p>
<p>B. Full Name (Last, First, Middle Initial) DENNIS O'BRIEN</p> <p>Mailing Address 2736 Ordway Street, NW Apt 4</p> <p>City State Zip Code Washington DC 20008</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4039</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>30</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2754.81</div> </p>
<p>C. Full Name (Last, First, Middle Initial) SUSANA CARBAJAL</p> <p>Mailing Address 1108 Canyon Maple Road</p> <p>City State Zip Code Pflugerville TX 78660</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21A-4038</p> <p>Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>06</div> <div>30</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1985.08</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5248.17

TOTAL This Period (last page this line number only)

165711.63